FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

JAN 2 9 2007

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION 0,10
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Hours p	er response16.00
\rightarrow	
✓ SE	C LISE ONLY
Prefix	Serial
DA'	TE RECEIVED

OMB Number: 3235-0076

Estimated average burden

Expires: April 30, 2008

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

predicated on the iming of a federal notice.
Name of Offering (check if this is an amendment and name has changed, and indicate change)
\$2,000,000 Private Placement of Units of 6% Senior Subordinated Secured Convertible Notes and Warrants
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOF
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOF Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change)
Name of Issuer (check if this is an amendment and name has changed, and indicate change)
12 TELECOM INTERNATIONAL INC.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Nachber
5070 OLD ELLIS POINTE, SUITE 110 (678) 389 4250 1
ROSWELL, GEORGIA 30076
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number
(if different from Executive Offices)
Brief Description of Business
TELECOMMUNICATIONS SERVICES EMPLOYING VOICE OVER INTERNET PROTOCOL TECHNOLOGY
Type of Business Organization
☐ corporation ☐ limited partnership, already formed ☐ other (please specify): limited liability
company
business trust limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: 1 0 8 8
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) W A

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to this notice constitutes a part of this notice and must be completed.

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2. Enter the information re-	guested for the follow		CATTON DATA		
	-	has been organized wit	thin the past five years		
	ner having the power	to vote or dispose, or d			nore of a class of equity
 Each executive office 	cer and director of co	orporate issuers and of c	orporate general and n	nanaging partners	of partnership issuers; and
	anaging partner of p			-	-
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it	(individual)				
PAUL R. ARENA					
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code	e)		
5070 OLD ELLIS POINT	E, SUITE 110, RO	SWELL, GEORGIA	30076		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
AUDREY L. BRASWELL		·			
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)		
5070 OLD ELLIS POINTE	E, SUITE 110, ROS	SWELL, GEORGIA	30076		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
JAMES R. ROSE					
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)		
5070 OLD ELLIS POINTE	, SUITE 110, ROS	WELL, GEORGIA 3	30076		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
DOUGLAS BENDER					
Business or Residence Address 5070 OLD ELLIS POINTE					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
D. CHRIS BYLANDER	,				
Business or Residence Address	(Number and Street	, City, State, Zip Code)		.	
5070 OLD ELLIS POINTE,			0076		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
	(Use blank sheet, or	copy and use additional	conies of this sheet o	es noogsom)	

				В.	INFORM	ATION AF	BOUT OFF	ERING				
								Yes	No ⊠			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE							L					
2. What is the minimum investment that will be accepted from any individual?								\$12,500				
								Yes	No			
3. Does the offering permit joint ownership of a single unit?									\boxtimes			
cor off wit	nmission of	r similar re erson to be states, list	emuneration listed is an the name o	n for solic associated f the broke	itation of p person or a er or dealer.	ourchasers agent of a b If more the	in connects roker or de han five (5)	ion with sa aler register persons to	les of secu red with the be listed a	directly, any urities in the e SEC and/or re associated	; r	
Full Na	ame (Last n	ame first, i	f individual)								
Busine	ss or Reside	ence Addre	ss (Number	and Street	, City, State	, Zip Code)					
Name	of Associate	ed Broker o	r Dealer	·			<u>. </u>					
States	in Which Pe	erson Listed	l Has Solici	ted or Inter	nds to Solic	it Purchase	rs					
(Chec	k "All State	es" or checl	c individual	States)		••••••		•••••	***************************************			All States
[AL] [IL] [MT] [RI]	(AK) [IN] [NE] [SC]	[AZ] [IA] [NV] _ [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] {WV]	[GA] [MN] [OK] (WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]
Full Na	ime (Last na	ame first, if	individual))		•	•					
Busine	ss or Reside	nce Addres	ss (Number	and Street,	City, State	, Zip Code)			<u> </u>		
Name o	of Associate	d Broker o	r Dealer							<u> </u>	<u>. </u>	
States i	n Which Pe	rson Listed	Has Solicit	ted or Inten	ds to Solici	t Purchase	rs					
(Chec	k "All State	s" or check	individual	States)		***************************************	•••••	***************************************		•••••		All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[RI] Full Na	[SC] me (Last na	[SD] mc first, if	(TN) individual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)	I					
Name o	ſ Associate	d Broker or	Dealer			,						
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S				_	
(Check	c "All States	s" or check	individual	States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,		•,,••,		All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	{CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [Ml] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE	OF PR	OCEED	S	· · _ ·
 Enter the aggregate offering price of securities included in this offering and the total amount sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, ch box and indicate in the columns below the amounts of the securities offered for excha already exchanged. 	neck this				
Type of Security		Aggro Offering		4	Amount Already Sold
Debt		3	0	\$	0
Equity	9	· · · · · · · · · · · · · · · · · · ·	0	- \$	0
Common Preferred	•			-	
Convertible Securities (Units consisting of Convertible Notes and Warrants) ¹	\$	2,00	0,000	\$	2,000,000
Partnership Interests	\$		0	- \$	0
Other (Specify)	\$		0	- \$	0
Total	\$	2.00	0,000	- \$	2,000,000
Answer also in Appendix, Column 3, if filing under ULOE.				-	
 Enter the number of accredited and non-accredited investors who have purchased securities offering and the aggregate dollar amounts of their purchases. For offerings under Ru indicate the number of persons who have purchased securities and the aggregate dollar am their purchases on the total lines. Enter "0" if the answer is "none" or "zero." 	le 504.				
		Numl Invest]	Aggregate Dollar Amount Of Purchases
Accredited Investors		14		\$	2,000,000
Non-accredited Investors		0		· \$	0
Total (for filings under Rule 504 only)		0		. \$	0
Answer also in Appendix, Column 4, if filing under ULOE.	_		-		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested securities sold by the issuer, to date, in offerings of the types indicated, in the twelv months prior to the first sale of securities in this offering. Classify securities by type list Part C - Question 1.	e (12)				
Type of offering		Type Securi		Γ	Dollar Amount Sold
Rule 505			-		
Regulation A					
Rule 504					
Total					
a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of the The information may be given as subject to future contingencies. If the amount of an expending not known, furnish an estimate and check the box to the left of the estimate.	issuer.				
Transfer Agent's Fees		••••		\$	0
Printing and Engraving Costs				\$	0
Legal Fees (for issuer's counsel)	***************************************		\boxtimes	\$	30,000
Accounting Fees and Escrow Fees	*******			\$	0
Engineering Fees				\$	0
Sales Commissions (specify finders' fees separately)(if placement agents are engaged)				\$	0
Other Expenses (identify) -				\$	0
Total			\boxtimes	\$	1,970,000
				-	

¹ 6% Senior Subordinated Secured Convertible Notes convertible into 28,571,429 shares of Common Stock at \$0.07 per share and warrants to purchase 28,571,429 shares of Common Stock at \$0.07 per share.

C. OFFERING PRICE, NUMBER OF INVESTO	RS, EXPENSE	S ANI) US	E OF PROC	EEDS		
b. Enter the difference between the aggregate offering price given in total expenses furnished in response to Part C – Question 4.a. This difference to the issuer."	;	\$	1,970,000				
5. Indicate below the amount of the adjusted gross proceeds to the issuer uses the purposes shown. If the amount for any purpose is not known, furthe left of the estimate. The total of the payments listed must equal the set forth in response to Part C – Question 4.b. above.	nish an estimate	and cl	heck	the box to			
			E	ayments to Officers, birectors & Affiliates		Pay Oth	ments To ers
Salaries and fees			\$			\$	0
Purchase of real estate			\$	0		\$	0
Purchase, rental or leasing and installation of machinery and equipment	***************************************		\$	0		\$	0
Construction or leasing of plant buildings and facilities			\$	0		\$	0
Acquisition of other businesses (including the value of securities involved in Offering that may be used in exchange for the assets or securities of anothe	n this r issucr						
pursuant to a merger)			\$	0		\$	0
Repayment of indebtedness			\$	0		\$	
Working capital (includes product licensing and advertising and marketing)			\$	0	\boxtimes	\$	1,970,000
Other (specify):						\$	
			\$	0		\$	0
Column Totals			\$	0	\boxtimes	\$	1,970,000
Total Payments Listed (column totals added)	**************					\$	1,970,000
D. FEDERAL SIG	GNATURE					-	
The issuer has duly caused this notice to be signed by the undersigned of following signature constitutes an undertaking by the issuer to furnish to the of its staff, the information furnished by the issuer to any non-accredited in the contract of the co	ne U.S. Securition	es and	Exch	ange Commis	sion, u		
Issuer (Print or Type) 12 TELECOM INTERNATIONAL INC.	Signature	n/i		Gun	J	ate anua	ry 23, 2007
	Title of Signer (e)			
PAUL R. ARENA	CHIEF EXEC	UTIVE	OF	FICER			
		_					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)